



Department of Employment Services' Office of Youth Programs
2006 Passport-to-Work Summer Application

Please Print Clearly

1. Last Name												2. First Name												3. M.I.			4. Female		Male					
5. Street Address																								6. Quadrant			7. Apartment Number					8. Ward		
9. City										10. State			11. Zip Code				12. Social Security Number					13. Date of Birth												
14. Phone Number						15. E-Mail Address																												

16. Emergency Contact												Phone No.												Relationship									
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17. **Current Educational Status:**
(See the Instructional Guide, page 7, for definitions.)

☐ Drop Out

☐ Attending High School or Less

☐ Completed High School/GED (not attending school)

☐ Attending Post Secondary Education

☐ Vocational/Advanced Training

School Name: _____

Current Grade: _____

College Major: _____

(if applicable)

21. **Ethnic Group:**

☐ African American

☐ White

☐ American Indian/Alaskan Native

☐ Hawaiian/Other Pacific Islander

☐ Latino

☐ Asian

☐ Other

28. **Are you a U.S. Citizen?** Yes ☐ No ☐

If no, Alien Registration Number: _____

Expiration Date: _____

29. **Selective Service Registration**

Have you registered for Selective Service? Yes ☐ No ☐

Selective Service Number: _____

Answering Questions 22 through 26 is strictly voluntary.

22. **Have you ever been incarcerated?** ☐

23. **Are you currently institutionalized?** ☐

24. **Are you a foster child?** ☐

25. **Are you currently residing in public housing?** ☐

26. **Indicate if you require special accommodations?** _____

27. **Occupational Interest: (See 2006 Occupational List)**

18. **Income Status:** Is your household receiving any of the following sources of income? (See the Instructional Guide, page 7, for definitions.)

TANF ☐

Food Stamps ☐

Social Security Income ☐

Refugees Cash Assistance ☐

General Assistance ☐

19. What is your gross family income? _____

20. How many people are living in your household, including yourself? _____



1) _____			2.) _____			3. _____		
FOR OFFICIAL USE ONLY								
<input type="checkbox"/> Proof of Age: _____			<input type="checkbox"/> Proof of Residence: _____			<input type="checkbox"/> Proof of SSN: _____		
<input type="checkbox"/> GPA: _____			<input type="checkbox"/> Attendance: _____					
Staff Signature: _____								